PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT IN mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY, WIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50 168
County Janey	Registration Dist. No. / W
Village or City Lungel	No. St., Wa
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Susal a. Amold	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Mar 29, 193 3 (Year)
o. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) San 8-1880	Jan 20 , 1933, to may 29, 193 Hast sew best alive on max / 1933; deeth is s
AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 9.24 A.m.
53 2 51 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate treat
SAWYER, BOOKKEEPER, etc	Carunoma JAT Breat
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	\
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
youry	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Pa, (State or country)	
13. NAME Michael Baker	
14. BIRTHPLACE (city or town)	Name of operation Name Oate of
(State or country)	What test confirmed diagnosis? Clin Linding Was there an au opsy?
15. MAIOEN NAME Carolina Billner	23. If death was due to external causes (YIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(Stete or country)	Where did injury occur?
INFORMANT Loyd asgold md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Greenvilla La Oate Mar 31, 1933	Nature of injury
UNDERTAKER JACKSON	24. Was disease or injury In eny way related to occupation of deceased?
(Address) / Freethers ma.	If so, specify when Come and the specific specif
O. FILEO March 30, 1933 & homas Crows	(Signed) N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2- 0-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	12950
	County & auch	Registration Dist. No. / 6 2
item of should of OCG	Village or City Lyan twelle	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS #	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME Joan alverta	lacky.
D. SIC tat	(a) Residence: No.	St., Ward.
CORD. PHYSI.	(Usual place of abode)	If nonresident give city or town and State
PH. PHEXACT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E	3. SEX 4. COLOR OR MACE OR DIVORCED (write the word) August August Temperature Temperature	21. DATE OF DEATH 1 (Day) 193 3 (Year)
IDING MANEN A C T I	5a. If merried, widowed, or divorced HUSBAND of	
BINDIN ERMANH EXACT y classifie	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Z Z×T	6. DATE OF BIRTH (month day and year) War 5- 1931	19/1, 10/10/10 19/19
FOR BI IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw h
FOR B IS A PE stated E properly certificate	// Days 11 Less than 1 day,hrs.	to have occurred on the date stated above, et 2-32-42 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
FO IS star	8 Trade profession or particular	Were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	or rue priminana yay 4
VE TH	9. Industry or business in which	
K-T nould may back	work was done, es SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS GE should be that it may be ins on back of		
RES ING I AGE that	year) occupation	Other Contributory Causes of Importance:
. [4]	12. BIRTHPLACE (city or town)	
	(Stete or country)	
MARGI UNFAl supplied.	II 13. NAME A Munan / Slacky	
	13. NAME A Juniar Blacky 14. BIRTHPLACE (city or town)	Name of operation Date of
plain See	(State of country)	What test confirmed diagnosis? Wes there en autopsy?
A P I I	15. MAIDEN NAME Colava Willer	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
	I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
AINLY, de can DEATH	(State or country)	Where did injury occur?
ABDV	17. INFORMANT Allman Clacky (Address)	(Specify city or town, county end State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL -00 MI	Manner of injury
	Plece & Sandwille Date Man 8, 1933	Nature of injury
WRITE mation s	19. UNDERTAKER. Of m Of interferg	24. Was disease or injury In any way related to occupation of deceased?
No.	(Address) Grantsvilled	If so, specify
	20. FILED Mar 8 1933 6 7413	(Signed) // / / / / / / M. D
> Z	Registrar.	(Address) Sy nantaville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU	6.3 ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02966
infor stat UPA	1. PLACE OF DEATH	93-c) // Ø
onld OCC	County Javell	Registration Dist. No. / 6-0
item of should of OCC	Village or City Fingel	NoSt.,Ward
	Length of residence in city or town where death occurred 60 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmos ds.
Every MANNS Ement	2. FULL NAME Charles Y Bal	110
RD. Every YSICIANS	(a) Residence: No. Fame!	St. Ward.
	(Usyal place of abode)	If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
YT.	3. SEX 4. COLOR OR RACE OR DIVORCED (grite the word)	21. DATE OF DEATH 23 (Yaar) (Yaar)
IDING MANEN A C T J assified	5a. If marriad, widowed, or divorced HUSBAND of Colombo Bolden	22. HEREBY CERTIFY. That I attended deceased from Feet 9 1933 to max 23 193?
BIND) PERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) This 28 1843	I last saw been alive on Fel 9 1933; death is sai
A F red ted perlifical	7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at / P.fi. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 70	8. Trade, profession, or particular kind of work dona, as SPINNER A Card Na 4 - 105	were as follows: Date of onset
THIS d be y be k of	SAWYER BOOKKEEPER etc	Chronic Myseastites many
KK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	()
SH H 10	10. Data deceased last worked at this occupation (month and spent in this occupation occupation	
7 4 - 6	12. BIRTHPLACE (city or town) Grantsville	Other Coutributory Capses of importance:
ARGIN UNFADI pplied. terms, so instruct	(State or country)	Semility
	13. NAME X 14. BIRTHPLACE (city or town) X (State or country) X	5-1-8/
See See	14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis: Was there an autopsy?
	15. MAIDEN NAME Y Charlotte Bolden	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was the following:
care TH in	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
INL.) be c sATI mpo	(State or country)	Where did injury occur?
	17. INFORMANT The Golden (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F 3 - 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Placa Hright Cent Date Mach 26, 1933	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER J. Unerzer	24. Was disease or injury in any way ralated to occupation of daceased?
B. B.	(Address) Muyers dale 4 a	If so, specify
» ż	20. FILED March 12., 1933 14 120 WILL L. Tone	(Signed) M. I
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TOTAL

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classined.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, Stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured." Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I			Example II	
The principal cause of of importance were as	death and related causes follows	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	N ~ N	1915	Attack of epilepsy		1 week age
Chronic interstitial nephri	itis = w · (r	1921	Run over by street car	⁷ 4	1 week ago
Cerebral hemorrhage	and a p The pice	July 5,1927	Peritonitis		3 days ago
	the second second	1 10		3	
	t and help	1			
Other contributory cau	ses of importance:		Other contributory	causes of importance:	
Gallstones	m h Tu	May 1,1923	Gastroenteritis		1 year
	2 2 2				
			FLLINGUIS		
	-				
	N 177				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

1.		2.	3. SI	3. SI 5a. I	6. D	UPATION	12. 1	12. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOTHER	17. I	18. E	19. U	20. F	
		1			ertificate.	back of ce	tions on	TION is very important. See instructions on back of certificate.	nportant.	rery in	N is	TIO		
OCCUPA	Jo:	tatement	Exact s	lassified.	properly c	may be p	o that it	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ATH in pla	F DE	USEO	CAI		
uld state	S sho	SICIAN	. PHY	KACTLY	stated E	ould be s	AGE sh	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	e carefully	plno	ion sh	mat		
of infor	r item	D. Every	COR	MANENT	IS A PER	THIS 1	ING INK	UNFAD	NEX, W	PLA	RITE	B.—W]	ż	

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Farret	Registration Dist. No.
Village or City Slove mental (If Length of residence in city or town where death occurred 2 yrs. 8 mos.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) Ads. How long in U. S. if of foreign birth? yrs, mos. ds
(a) Residence: No. B from ington	ock. St., Ward.
(Usua) (Vace of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	Much 24 1933, to March 31, 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	I last saw h
S. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (years)	ageite rephritis 3-26-3
10. Data deceased last worked at this occupation (month and yaar)	Dther Contributory Canses of importance:
(State or country) 13. NAME Lifture Clark 14. BIRTHPLACE (city or town) Wighther terms 14. BIRTHPLACE (city or town) Wighther terms 15. Name Lifture Liftu	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? MA
15. MAIDEN NAME Stells & Branch 16. BIRTHPLACE (city or town) Bluoming ton (Stata or country) 17. INFORMANT (Address) Bluomenglose and	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date July 2, 19. ??	Manner of injury
20. FILED Cybril 2, 1933 Dorsey Pattions Registrar.	(Signed) Suran an Locus A. M. I. (Address) Sichnam T. Va M. I. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY, W N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	CQ
1. PLACE OF PEATH	92-04	00
County Parvill	Registration Dist. No. 16/	
	ND. St., W death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	Vard
2. FULL NAME Charles. A. Buthri		
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH march 12th 1933 (Month) (Day) (Year)	7)
5a. If married, widowed, or divorced HUSBAND of Flossic Butture. 6. DATE OF BIRTH (month, day, and year) Feb. 2014/873	22. HEREBY CERTIFY. That attended deceased of the state o	from
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	to have occurred on the date stated above, at	118
kind of work done, as SPINNER, Marchaul SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, but business by the work was done, as SILK MILL, but saw mill, BANK, etc. 10. Date deceased last worked at this occupation (month and year) programmed the specific programmed the security occupation (state or country)	Dther Contributory Causes of importance: Showing Laskitto 3/2	/192
13. NAME Joseph Hulling 14. BIRTHPLACE (city or town) (State or country) 15. Country	Name of operation Date of Was there an autopsy?	up
15. MAIDEN NAME Haunch Velly 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) The state of th	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, DR REMOVAL Place Brandonville & Date Mar 10-, 1939	Manner of Injury	
19. UNDERTAKER Els Harriel (Address) Brandanville Wou 20. FILED Man. 13th 19 33 Jeannette Statler	24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed)	M. D.
Registrar.	(Address) Affile Awill Free 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S'A ATTACK	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEALED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1290
1. PLACE OF DEATH	(131)	n
County Sauett	Registration Dist, No.	
Village or City Vondes	NDSt.,	Wai
	f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?	
2. FULL NAME Makel R Haray	yisyisyisyisyisyisyisyisyisyisyisyis	5
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Anale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Afric the word)	21. DATE OF DEATH Mar. 26	, 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Acceler	22. I HEREBY CERTIFY, That I attended of	deceased fro
mar. 11 (1846	I last saw him alive on May 10 1933	; death is sa
6. DATE OF BIRTH (month, day, and year) / OCCU	to have occurred on the date stated above, at 2 R m.	; death is sa
87 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	0 (Date of ons
kind of work done, as SPINNER, Turmers	Sewlity	
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ch Muse a diff	143.4
Kind of work done, as SPINNER, TURNEL SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	1 Pm Mark it	1932
year) occupation occupation	Other Contributory Causes of importance;	77 3 0
12. BIRTHPLACE (city or town) Larrett Carriety	Other Conditionary Canada in Importance.	
(State or county) maryland	Typertinsion	
13. NAME Samuel Harvey 14. BIRTHPLACE (city or town)	1.	
4. BIRTHPLACE (city or town) 9 1975 000 0 1	Name of operation	
	What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	
17. INFORMANT M, E. Harvey	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	s) NCE.
(Address) Judge 18. BURIAL, CREMATJON, OR REMOVAL	Manner of injury	
Place Mt. Zione Mg Date Mar 28, 1933	Nature of injury	
19. UNDERTAKER Otha + Siapless, (Address)	24. Was disease or injury In any way related to occupation of deceased?	20
20. FILED 3/28 , 1933 Q 4 Barriel	(Signed) a K Fider	М.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 112970
	1. PLACE OF DEATH County Geret	1/3-
occ occ		Registration Dist. No.
sh of	Village or City Bloomington (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence in city or town where death occurredyrsmos.	,//
CORD. Every PHYSICIANS ict statement	2. FULL NAME NO Nome Kitzm	ller
KSI Staf	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH. ct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T KE, Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Morch (Month) (Day) (Year)
XMANEN XACTI classified.	5a. If married, widowed, or divorced HUSBAND of	
IAN A C Issi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and yeer) Warch 9, 1933	Hast saw h. In give on March 9 1933 : death is said
PE d E arly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A PE stated E properly certificate	O O O O Iday, O hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20	8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:
he pe pe of	SAWYER, BODKKEEPER, etc.	Stillborn
NK-T] should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
S sho t it n	10. Oate deceased last worked at this occupation (month and spent in this	
AGE that	this occupation (month and spent in this occupation occupation	Other Control of Investment
DIT. Se ucti	12. BIRTHPLACE (city or town) Blooming for Mcl. (State or country)	Other Contributory Causes of Importance: Premoture Separation of Uterine Place ut
(FA	13. NAME Gobriel S. Kitzmiller	
sul sul	14. BIRTHPLACE (city or town) Hartmans ville, W. Va. (State or country)	Name of operation. No we Oete of
	15. MAIDEN NAME Pearl Methuer	What test confirmed diagnosis? Was there an autopsy?
PLAINLY, WITH hould be carefully OF DEATH in play very important.	16. BIRTHPLACE (city or town) BIS Mark, W. Vd.	Accident, suicide, or homicide? Date of Injury, 19
AINI l be DEAT	2 (State or country) 17. INFORMANT & Sutromitle	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	(Address)	
(a) (a)	18. BURIAL, CREMATION, OR REMOVAL 1 W. Da mar 11 .33	Manner of injury
WRITE mation sCAUSE TION is	Place AARAMANNILLL Oate Mart. 11., 1992	Nature of Injury
matior CAUS TION	19. UNDERTAKER O.S. SAAL	24. Was disease or Injury In any way related to occupation of deceased?
B.	(Address) Burton MX	(Signed) Paul R Milson M. D.
ż	20. FILED MAN. 10, 1933 NOTLEY Cattleson	(Address) Pig dmant, W.V.L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1010	Attack of epilepsy	1 week ago
. 1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	July 5,1927	Other contributory causes of importance:

of OCCUPA-

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	5/2	0	ь а,	0
U	~	J	6	4

1. PLACE OF DEATH	~	79-2
County Canel		Registration Dist. No. 16
Village or City Hear le	deause_	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	e death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	ie plovence!	Villes:
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 13, 1933. (Month) (Day) (Year)
5a. If married, widowed, or divorced	.6. 00	
(or) WIFE of Aurter	Miller	22. I HEREBY CERTIFY, That I attended deceased from March 7 1933 to March 13 1933
6. DATE OF BIRTH (month, day, and year)	-lan20 1880	I last saw her alive on March 12 , 1933; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 4 A-m.
52 7	2/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular	4 1.1	Perelis of Spinal Mennitis Mark (
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Douce Muje	(Premoraccia)
9. Industry or business in which work wes done, as SILK MILL.		
SAW MILL, BANK, etc		
- this occupation parongs and	11. Total time (years) spent in this	
year) - 4	3-1 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Burlington	
(State or country)	De Willa,	
13. NAME Variel	B. amold,	
14. BIRTHPLACE (city of town)	1/2/	Name of operation Date of Date of
(State of Country)	11.00	What test confirmed diagnosis? La broading. Was there an autopsy? He
15. MAIDEN NAME Man	a dudwide.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury, 19
(State or country)	W. Jan	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT August (Address)	1. Miller	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A. () 2-	Manner of injury
Mace of wn Cemoran	Date Mars 15 , 1933	Nature of injury
19. UNDERTAKER 4.71. B	chambes	24. Was disease or injury in any way related to occupation of deceased? The
(Address)	1-11.Vais	If so, specify // DD
man 15 deln	ies C & haller	(Signed) Harold Miller M. D.
ZU, FILEDSKY SY K. IV. M9. C. 120	Registrar.	(Address) Eglow, work
The second secon		

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis NTRE V	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT item of pluods Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residanca in city or town whera death occurred /How long in U. S. if of foraign blrth?_____vrs. CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) PERMANENT widow (Year) 5a. If married, widowed, or diversed 22. CERTIFY. That I ettended daceased from (or) WIFE of och 8- 1949 certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than 83 The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back may 9. Industry or businass in which bluods work was done, as SILK MILL, SAW MILL, BANK, atc.... no 10. Dato decaased last worked et 11. Totel time (years) this occupation (month and spant in this occupation. instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of oparation plain (State or country) carefully What tast confirmed diagnosis?_ Wes there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: importan DEATH 16. BIRTHPLACE (city or town (Stata or country) Whera did Injury occur?. be (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Neture of Injury 24. Was disease or injury in any way related to occupation of decaased? 19. UNDERTAKER If so, specify (Signad) Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, W. J. UNFADING INK—THIS IS A PERMANENT R. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
Village or City Dangard Mel	Registration Dist. Np.
Village of City	No. St., War If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Sor Law Free Car	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. Mynarried, widowed, or divorced	
Werther of doyd Lasker	22. I HEREBY CERTIFY, That I attended deceased from 27 1933
22, 1033	
5. DATE OF BIRTH (month, day, and year) 7100 27 1933	to have occurred on the date stated above, at 6.250 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Transperson .
9. Industry or business in which	6'12 ma
work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
00.0.0	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
02.0.	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME are dray Wag ver	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
P	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Was Kangel Variables (Appress) Com of pure bright	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMINTION, OR REMOVAL DOTO Cla. 28, 1933	Manner of Injury Nature of injury
9. UNDERTAKER 12 acocci Landers (0) (Addies) (O. Mittich. 26, 1933) (Allia Rowan	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. If of foreign birth?______ds. 2. FULL NAME CORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICHLARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Oay) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1879 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at **Oavs** 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were es follows Oate of onset 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ... may back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 11. Total time (years) this occupation (month and spent in this occupation instructions MARGIN 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was there an autopsy?___ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did Injury occur?_____ (Specify city or town, county and State) plnoys Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceesed?_ 19. UNOERTAKER (Address) If so, specify Registrar. (Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	4	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	3.4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 029:6
1. PLACE OF DEATH	3
County The Villey Collaboration,	Registration Dist. No. 192
Village or City Alar Alvanton mk, (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME	Wilt
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March /C (Month) (Day) (Year)
5a. If married, widowed, op divorced HUSBAND (or) WIFE I Kensture Orfers.	22. HEREBY CERTIFY. That I attended deceased from much 16 1932, to meh 16 1932
6. DATE OF BIRTH (month, day, and year) Thele 16 1933	I last saw h aliverties bru , 19 ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
Atillbarse 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sullani
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Spenaful.
O 10,0 ate deceased last worked at this occupation (month and year) spent in this occupation (coupation)	dud un uliro.
12. BIRTHPLACE (city or town) Parcett Co me (State or country)	Other Contributory Causes of importance:
I 13. NAME The four With	
14. BIRTHPLACE (city of down) Janet Comb.	Name of operation
(State of County)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME (LILLY May Murphy 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Guille Co	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT After Sweeten ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece New Bond Date Mel 16, 1933	Manner of injury
19. UNOERTAKER Jather RTD 420,	24. Was disease or injury In any way related to occupation of deceased?
20, FILED Mar 30, 1933 Dorsey Fattison Registrar.	(Signed) ace following M. D. (Address) German wy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

▼	

1	CORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	-
MAKGIN KESEKVED FOR BINDING	N. BWRITE PLAINLY, H. H. UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE	F MAR	YLAND-	CERTIFICATE OF DEATH	63 (3 -4 44)
1. PLACE OF DEATH			(131)	49:1
County Garrett				0/
Village or City Friendsvil	lle, Md	• •	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d	leath occurred2	O_yrsmos	r death occurred in a hospital or institution, give its NAME instead of street and snsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrsnrs	number)
2. FULL NAME Claude 1	Livings	ton Wolf,		
(a) Residence: No. Friends	(Usualplace		St., Ward. If nonresident give city or town and	I State
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 28, (Month) (Day)	, 193 33
5a. If married, widowed or divorced HUSBAND of Florence Wo	1 4			(1601)
(or) WIFE of	± ±		22. I HEREBY CERTIFY, That I attended Oct. 18, 19 21 to March 27	
6. DATE OF BIRTH (month, day, and year) Ju	ne 6, 1	899	Hast saw nim alive on March 27, 19 3	2; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
33 9	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Al amir		Uremic Coma (Not Puerperal)	3-25-3
SAWYER, BOOKKEEPER, etc.	Clerk		Chronic interstitial nephritis Durations	
work was done, as SILK MILL, Ge:	neral S	tore	they years. Cut. R.	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11110	11. Total t	ime (years) nt in this upation 18	J. Galdion,	-
12. BIRTHPLACE (city or town) Friend (State or country) Maryla	sville,	Md.,	Other Contributory Causes of importance: Chronic Arthritis	10-18-2
13. NAME Henry L. Wolf 14. BIRTHPLACE (city or town) Wes	t Virgi	nia	Name of operation	
(State of Country)			What test confirmed diagnosis? None was there an	
15. MAIDEN NAME Gertrude	Garry		23. If death was due to external causes (VIOL ENCE) fill in also the followin	g:
15. MAIDEN NAME Gertrude 16. BIRTHPLACE (city or town) (State or country) Mary	land		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Florence Hum (Address) Friendsvill		Wolf	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	e Mu		Manner of injury	
Place Blooming Rose	Date Mar	ch 30 ₁₉ 33	Neture of injury	
19. UNDERTAKER A. F. Coll: (Address) Terra Alta			24. Was disease or injury in any wey related to occupation of deceased?	Jo.
20. FILED MAN 29, 1933 Jan	nette	Statles Registrar.	(Signed) M. O. Madrows (Address) Friendsville	M. D.
If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
			The state of the s	

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		GEORIVED	
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